-or-

__/___, through

O The period covered is ___

Candidate

the date of leaving office.

STATEMENT OF ECONOMIC INTERESTS

RECOME SECTIVE

COVER PAGE

MAR 1 1 2008

Please type or print in ink.

A Public Document

Please type or print in ink.			GOVERNOR'S OFFICE
NAME (LAST)	(FIRST)	(MIDDLE)	DAYAR A A ELAPHONE SUMBER
Cameron	Rachel	Elisabeth	(916) 445-4571
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
Office of the Governor, State Capitol	Sacramento	CA 95814	
1. Office, Agency, or Court		4. Schedule Summa	ary
Name of Office, Agency, or Court: Office of the Governor		→ Total number of pages including this cover page: 1	
Press Office		interests."	
Your Position:		I have disclosed interests on one or more of the attached schedules:	
Deputy Press Secretary		Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)	
If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions, list additional agency(ies)/ □ If filing for multiple positions is the filing for multiple position is the fi			
position(s): (Attach a separate sheet if necessary.)			
Agency:			
		Schedule B Yes -	- schedule attached
Position:		Real Property	
2. Jurisdiction of Office (Check at least one box)		Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)	
State		Schedule D	- schedule attached
County of		Income – Gifts	
☐ City of		Schedule E Yes – schedule attached Income – Travel Payments	
Multi-County			
☐ Other		-0	or-
		No reportable interests on any schedule	
3. Type of Statement (Check a	it least one box)	<u> </u>	1
☐ Assuming Office/Initial Date: _	/ [5. Verification	
Annual: The period covered is January 1, 2007, through December 31, 2007.		I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of	
December 31, 2007.	, through		
Leaving Office Date Left:/_	,	I certify under penalty of pe	erjury under the laws of the State egoing is true and correct.
(Check one)		or Camornia that the lore	agoing is the and contoon
O The period covered is January 1 date of leaving office.	, 2007, through the	Date Signed 03/19	12004

Signatu